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FILED
Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769261 (9)
1. Corporation Name
EDEN PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business EXECUTIVE CENTER DRIVE WEST PALM BEACH FL 33401 US	Mailing Address CLAUDETTE POST 639 EXECUTIVE CIRCLE DRIVE #0-207 WEST PALM BEACH FL 33401 US
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3. Date Incorporated or Qualified 07/07/1983	3a. Date of Last Report 04/05/1996
4. FEI Number 59-2529388	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent ASSOCIATE PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY SUITE 10 WEST PALM BEACH FL 33403	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME RENFORD, DOUGLAS STREET ADDRESS 637 EXECUTIVE CENTER DRIVE, NT05 CITY - ST - ZIP WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME POST, CLAUDETTE STREET ADDRESS 639 EXE CTR DR #0-207 CITY - ST - ZIP WEST PALM BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HAYT, KEN STREET ADDRESS 641 EXECUTIVE CENTER DRIVE #P-207 CITY - ST - ZIP WEST PALM BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ASHMEAD, LESLIE STREET ADDRESS 637 EXECUTIVE CENTER DRIVE N-104 CITY - ST - ZIP WEST PALM BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME BLANDI, JOHN T STREET ADDRESS 635 EXECUTIVE CENTER DRIVE #208 CITY - ST - ZIP WEST PALM BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

6.1 TITLE D 6.2 NAME LOHENDORF, GEORGE 6.3 STREET ADDRESS P.O. BOX 45 6.4 CITY - ST - ZIP WEST PALM BEACH, FL 33402	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Claudette Post DATE: 2/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)
MAIL ROOM BOX